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TESTIMONY OF THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
TO THE  
CHILDREN'S COMMITTEE

SENATE BILL 652, AN ACT CONCERNING REFERRALS FROM THE  
DEPARTMENT OF CHILDREN AND FAMILIES TO THE BIRTH TO THREE  
PROGRAM

February 14, 2013

Senator Bartolomeo, Representative Urban and members of the Children's Committee: I am Linda Goodman, Director of the Connecticut Birth to Three Program. Thank you for the opportunity to submit testimony regarding Senate Bill 652, AN ACT CONCERNING REFERRALS FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE BIRTH TO THREE PROGRAM. Both the Departments of Developmental Services and Children and Families are very much in support of the intent of SB 652; however we believe that the bill is unnecessary. Language requiring referral of children who are victims of substantiated abuse or neglect to the IDEA Part C program in each state has been a part of the federal Child Abuse Prevention and Treatment Act (CAPTA) since its reauthorization in June 2003, (after which states were given two years to come into compliance) and the IDEA reauthorization of December 2004. Section 637(a)(6)(A) of the IDEA refers to referral of children "involved in a substantiated case of child abuse or neglect".

In 2005, in order to ensure that Connecticut was in compliance with these federal laws, a Memorandum of Understanding (MOU) was developed between the Departments of Developmental Services and Children and Families to implement the requirements of both laws. This agreement was based on the following federal parameters:

(1) the IDEA 2004 Conference Report on page 141, which states "The Conferees intend that every child described in 637(a)(6)(A) and (B) will be screened by a Part C provider or designated primary referral source to determine whether a referral for an evaluation for early intervention services under Part C is warranted. If the screening indicates the need for a referral, the Conferees expect a referral to be made. However, the Conferees do not intend this provision to require every child described in Section 637(a)(6)(A) and (B) to receive an evaluation or early intervention services under Part C";

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- (2) the IDEA Part C, which states that children referred with "suspected disabilities" were to receive a multidisciplinary evaluation; and
- (3) the requirement that DCF provide evidence to the Administration for Children and Families (ACF) regional office in Boston that it was in compliance with CAPTA 2003.

That MOU described a reasonable process in which every time an investigation of alleged abuse or neglect was conducted, the child was examined by a licensed physician. On the form that the physician filled out was a question asking whether, in the physician's opinion, the child would benefit from a developmental evaluation. DCF then referred any child for whom the physician indicated "yes" to that question to the Birth to Three System for evaluation. In addition, any child for whom a DCF worker or foster parent suspected some kind of developmental delay was also referred for a Birth to Three evaluation. In 2005, this language was submitted to the ACF office in Boston for their approval and approval was given.

The MOU was revised again as of last month. The newest language related to the CAPTA requirements says:

#### **DCF Roles and Responsibilities**

DCF shall refer any child age zero to three years to Birth to Three for whom (a) abuse or neglect has been substantiated and there is a developmental concern or qualifying diagnosis or (b) who is affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Under federal law, it is not necessary for a child affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure to have been referred to the Department specifically for abuse or neglect.

#### **DCF Referral Process**

For all children under the age of three years who are involved in a DCF-substantiated case of abuse or neglect, the child's or family's current DCF Social Worker, whether in the intake or ongoing treatment process, shall:

- a. contact the child's pediatrician in order to identify any concerns he or she may have regarding the child's developmental progress, including diagnosed conditions that might lead to a developmental delay; ensure that the DCF-2147 (Medical Questionnaire/Release of Information Form) is submitted to pediatrician, returned and reviewed by Area Office nurse
- b. obtain Ages and Stages Questionnaire if necessary, for determination of developmental concerns;
- c. if a delay or disability is suspected, refer the child to the Child Development Infoline either by calling 1-800-505-7000 or by using the referral fax or on-line referral form at [www.birh23.org](http://www.birh23.org) (under "Referrals-Eligibility").

Therefore, DDS believes that Connecticut is already fulfilling its responsibility for this provision of CAPTA statewide, and the proposed legislation is not necessary. If you have any questions or need any additional information from DDS, please contact Christine Pollio Cooney, Director of Legislative and Executive Affairs at (860) 418-6066.